

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Neurodevelopmental Centers
Managed Care Plans

Memorandum No: 04-92 MAA
Issued: December 10, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
1-800-562-6188

Subject: Neurodevelopmental Centers: Fee Schedule Changes

Effective for dates of service on and after January 1, 2005, the Medical Assistance Administration will:

- Begin using 2005 Current Procedural Terminology (CPT)[®] and Healthcare Common Procedure Coding System (HCPCS) Level II code additions as discussed in this memorandum; and
- Add maximum allowable fees for the new codes.

Added and Deleted Procedure Codes

MAA is adding or deleting the following procedure codes for the Neurodevelopmental Centers Program:

Physical Therapy

MAA is deleting CPT code 97601 for selective wound debridement and replacing this code with CPT codes 97597 and 97598. Do not bill MAA using CPT code 97601 for dates of service after December 31, 2004.

| Procedure Code | Brief Description | January 1, 2005 Maximum Allowable Fee | |
|----------------|------------------------------|--|------------------|
| | | Non Facility Setting | Facility Setting |
| 97597 | Active wound care/20 cm or < | \$29.24 | \$29.24 |
| 97598 | Active wound care > 20 cm | 37.18 | 37.18 |
| 97605 | Neg press wound tx, < 50 cm | Bundled | Bundled |
| 97606 | Neg press wound tx, > 50 cm | Bundled | Bundled |

Audiology

MAA is deleting CPT code 92589 for central auditory function tests and replacing this code with CPT codes 92620, 92621, and 92625. Do not use CPT code 92589 for claims with dates of service after December 31, 2004.

| Procedure Code | Brief Description | January 1, 2005 Maximum Allowable Fee | |
|----------------|-----------------------------|--|------------------|
| | | Non Facility Setting | Facility Setting |
| 92620 | Auditory function, 60 min | \$27.20 | \$27.20 |
| 92621 | Auditory function, + 15 min | 6.80 | 6.80 |
| 92625 | Tinnitus assessment | 26.75 | 26.75 |

Billing Instructions Replacement Pages

Attached are replacement pages 11/12, 15/16, 17/18 for MAA's current *Neurodevelopmental Centers Billing Instructions*. **Note: Pages 11, 15, and 18 have no added or deleted codes; we are including them because we have reformatted them or because they are attached to the back or front of a changed page.**

How can I obtain MAA's Provider Issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Physical Therapy (cont.)

| Procedure Code | Brief Description | July 1, 2004 Maximum Allowable Fee | |
|---|--------------------------------|---------------------------------------|------------------|
| | | Non Facility Setting | Facility Setting |
| Modalities | | | |
| 97010 | Hot or cold packs therapy | Bundled | Bundled |
| 97012 | Mechanical traction therapy | \$9.07 | \$9.07 |
| 97014 | Electrical stimulation therapy | 8.61 | 8.61 |
| 97016 | Vasopneumatic device therapy | 8.61 | 8.61 |
| 97018 | Paraffin bath therapy | 4.08 | 4.08 |
| 97020 | Microwave therapy | 2.95 | 2.95 |
| 97022 | Whirlpool therapy | 9.07 | 9.07 |
| 97024 | Diathermy treatment | 3.63 | 3.63 |
| 97026 | Infrared therapy | 2.95 | 2.95 |
| 97028 | Ultraviolet therapy | 3.63 | 3.63 |
| (For the procedures listed below, the therapy provider is required to be in constant attendance.) | | | |
| 97032 | Electrical stimulation | 9.52 | 9.52 |
| 97033 | Electrical current therapy | 12.70 | 12.70 |
| 97034 | Contrast bath therapy | 8.61 | 8.61 |
| 97035 | Ultrasound therapy | 7.48 | 7.48 |
| 97036 | Hydrotherapy | 14.06 | 14.06 |
| 97039 | Physical therapy treatment | 7.03 | 7.03 |

Physical Therapy (cont.)

| Procedure Code | Brief Description | January 1, 2005 Maximum Allowable Fee | |
|--|--------------------------------------|--|------------------|
| | | Non Facility Setting | Facility Setting |
| Therapeutic Procedures (Therapy provider is required to be in constant attendance.) | | | |
| 97110 | Therapeutic exercises | \$17.46 | \$17.46 |
| 97112 | Neuromuscular re-education | 17.46 | 17.46 |
| 97113 | Aquatic therapy/exercises | 19.95 | 19.95 |
| 97116 | Gait training therapy | 14.96 | 14.96 |
| 97124 | Massage therapy | 13.38 | 13.38 |
| 97139 | Physical medicine procedure | 9.52 | 9.52 |
| 97140 | Manual therapy | 16.10 | 16.10 |
| 97150 | Group therapeutic procedures | 10.65 | 10.65 |
| 97504 | Orthotic training | 18.59 | 18.59 |
| 97520 | Prosthetic training | 17.00 | 17.00 |
| 97530 | Therapeutic activities | 17.68 | 17.68 |
| 97535 | Self care mngmt training | 18.14 | 18.14 |
| 97537 | Community/work reintegration | 16.55 | 16.55 |
| 97542 | Wheelchair mngmt training | Not Covered | |
| 97545 | Work hardening | Not Covered | |
| 97546 | Work hardening add-on | Not Covered | |
| 97597 | Active wound care/20 cm or < | 29.24 | 29.24 |
| 97598 | Active wound care > 20 cm | 37.18 | 37.18 |
| 97601 | Wound care selective- Deleted 1/1/05 | 23.58 | 23.58 |
| 97602 | Wound care non-selective | 19.50 | 19.50 |
| 97605 | Neg press wound tx, < 50 cm | Bundled | Bundled |
| 97606 | Neg press wound tx, > 50 cm | Bundled | Bundled |

Speech Therapy

| Procedure Code/ Modifier | Brief Description | July 1, 2004 Maximum Allowable Fee | |
|---|------------------------------|---------------------------------------|---------------------|
| | | Non Facility Setting | Facility Setting |
| Audiologists and Speech-Language Pathologists | | | |
| 92506 | Speech/hearing evaluation | \$80.25 | \$29.70 |
| 92507 | Speech/hearing therapy | 38.09 | 17.68 |
| 92508 | Speech/hearing therapy | 17.91 | 8.84 |
| 92510 | Rehab for ear implant | 82.97 | 54.18 |
| 92551 | Pure tone hearing test, air | 10.18 | 10.18 |
| 97532 | Cognitive skills development | 14.96 | 14.96 |
| 97533 | Sensory integration | 15.64 | 15.64 |
| Audiologists Only | | | |
| 69210 | Remove impacted ear wax | 29.24 | 20.18 |
| 92541 | Spontaneous nystagmus test | 31.96 | 31.96 |
| 92541-TC | Spontaneous nystagmus test | 18.14 | 18.14 |
| 92541-26 | Spontaneous nystagmus test | 13.83 | 13.83 |
| 92542 | Positional nystagmus test | 32.42 | 32.42 |
| 92542-TC | Positional nystagmus test | 21.08 | 21.08 |
| 92542-26 | Positional nystagmus test | 11.34 | 11.34 |
| 92543 | Caloric vestibular test | 14.74 | 14.74 |
| 92543-TC | Caloric vestibular test | 11.11 | 11.11 |
| 92543-26 | Caloric vestibular test | 3.63 | 3.63 |
| 92544 | Optokinetic nystagmus test | 25.62 | 25.62 |
| 92544-TC | Optokinetic nystagmus test | 16.78 | 16.78 |
| 92544-26 | Optokinetic nystagmus test | 8.84 | 8.84 |
| 92545 | Oscillating tracking test | 23.80 | 23.80 |
| 92545-TC | Oscillating tracking test | 15.87 | 15.87 |
| 92545-26 | Oscillating tracking test | 7.93 | 7.93 |
| 92546 | Sinusoidal rotational test | 48.29 | 48.29 |
| 92546-TC | Sinusoidal rotational test | 38.54 | 38.54 |

Speech Therapy (cont.)

| Procedure Code/ Modifier | Brief Description | January 1, 2004 Maximum Allowable Fee | |
|--------------------------------|---|--|---------------------|
| | | Non Facility Setting | Facility Setting |
| Audiologists Only (cont.) | | | |
| 92546-26 | Sinusoidal rotational test | \$9.75 | \$9.75 |
| 92547 | Supplemental electrical test | 27.43 | 27.43 |
| 92552 | Pure tone audiometry, air | 10.88 | 10.88 |
| 92553 | Audiometry, air & bone | 16.32 | 16.32 |
| 92555 | Speech threshold audiometry | 9.29 | 9.29 |
| 92556 | Speech audiometry, complete | 14.06 | 14.06 |
| 92557 | Comprehensive hearing test | 29.47 | 29.47 |
| 92567 | Tympanometry | 12.92 | 12.92 |
| 92568 | Acoustic reflex test | 9.29 | 9.29 |
| 92569 | Acoustic reflex decay test | 9.97 | 9.97 |
| 92579 | Visual audiometry (VRA) | 17.91 | 17.91 |
| 92582 | Conditioning play audiometry | 17.91 | 17.91 |
| 92584 | Electrocochleography | 60.98 | 60.98 |
| 92585 | Auditor evoke potent, compre | 61.89 | 61.89 |
| 92585-TC | Auditor evoke potent, compre | 45.11 | 45.11 |
| 92585-26 | Auditor evoke potent, compre | 16.78 | 16.78 |
| 92586 | Evoked auditory test | 45.11 | 45.11 |
| 92587 | Evoked otoacoustic emissions; limited | 36.73 | 36.73 |
| 92587-TC | Evoked otoacoustic emissions; limited | 31.96 | 31.96 |
| 92587-26 | Evoked otoacoustic emissions; limited | 4.76 | 4.76 |
| 92588 | Evoked auditory test | 48.29 | 48.29 |
| 92588-TC | Evoked auditory test | 36.05 | 36.05 |
| 92588-26 | Evoked auditory test | 12.24 | 12.24 |
| 92589 | Auditory function test(s) Deleted 01/01/05 | 13.15 | 13.15 |

Speech Therapy (cont.)

| Procedure Code | Brief Description | January 1, 2005 Maximum Allowable Fee | |
|----------------------------------|-------------------------------|--|------------------|
| | | Non Facility Setting | Facility Setting |
| Audiologists Only (cont.) | | | |
| 92601 | Cochlear implt f/up exam < 7 | \$79.34 | \$79.34 |
| 92602 | Reprogram cochlear implt < 7 | 55.31 | 55.31 |
| 92603 | Cochlear implt f/up exam 7 > | 52.37 | 52.37 |
| 92604 | Reprogram cochlear implt 7 > | 34.91 | 34.91 |
| 92620 | Auditory function, 60 min | 27.20 | 27.20 |
| 92621 | Auditory function, + 15 min | 6.80 | 6.80 |
| 92625 | Tinnitus assessment | 26.75 | 26.75 |
| Speech-Language Pathologist Only | | | |
| 92526 | Oral function therapy | 51.01 | 17.46 |
| 92597 | Oral speech device eval | 59.17 | 30.83 |
| 92605 | Eval for nonspeech device rx | Bundled | |
| 92606 | Non-speech device service | Bundled | |
| 92607 | Ex for speech device rx, 1 hr | 74.81 | 74.81 |
| 92608 | Ex for speech device rx, addl | 16.32 | 16.32 |
| 92609 | Use of speech device service | 37.41 | 37.41 |
| 92610 | Evaluate swallowing function | 80.25 | 80.25 |

Continued on next page...

Occupational Therapy

| Procedure Code | Brief Description | July 1, 2004 Maximum Allowable Fee | |
|----------------|------------------------------|---------------------------------------|------------------|
| | | Non Facility Setting | Facility Setting |
| 64550 | Apply neurostimulator | \$11.11 | \$5.44 |
| 97003 | OT evaluation | 48.06 | 37.41 |
| 97110 | Therapeutic exercises | 17.46 | 17.46 |
| 97112 | Neuromuscular reeducation | 17.46 | 17.46 |
| 97504 | Orthotic training | 18.59 | 18.59 |
| 97520 | Prosthetic training | 17.00 | 17.00 |
| 97530 | Therapeutic activities | 17.68 | 17.68 |
| 97532 | Cognitive skills development | 14.96 | 14.96 |
| 97533 | Sensory integration | 15.64 | 15.64 |
| 97535 | Self-care mngment training | 18.14 | 18.14 |
| 97537 | Community/work reintegration | 16.55 | 16.55 |
| 97703 | Prosthetic checkout | 15.42 | 15.42 |